MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-0

CERTIFICATE OF DEATH

Rev. Dist. No. 66

18868

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County.	married. Careline		
(If outside city or town limits, write RURAL and give nearest town)	(P. do.) P. DI		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Clara Bickling			
4. Sex 5. Color or race 6.(a) Single, married/widowed, or divorced	MEDICAL CERTIFICATION		
Temale White Married	20. DATE DF DEATH September 23 19 45, at 8:15 PM		
6.(b) Name of husband or wife The D. Backling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
÷a /	January 18 19 + 1 10 September 23.18 +5.		
7. Birth date of Sheet S	and that I last saw heir alive on Deptember 23 1945		
deceased (ma., day, yr.,	Immediate cause of death DURATION		
8. AGE: Years Months Days I fless than one day			
54 11 26min.	Ovarian Jakillary Corcusina 18 most		
8 Birtholace Marydel) Tent Co. Delaware	Due to Soil atteral		
(Town, county, and state)	√		
10. Usual occupation and Alekandel	Due to		
11. Industry or business Lame			
E 12. Name John Thorpe	Dther conditions		
13. Birthplace Trent Co. Lelaware			
5 Shirter	(Include pregnancy within 8 months of death)		
14. Maiden name audific Missery 15. Birthplace tent Co. Delaware	Major findings of operations		
El 15. Birthglace Unit Co., allaware	Clateral Date of op. 3-12-45		
18. Informant De Jalah Dickelling	Antopsy results.		
Address Redaely Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial 1 Date thereof 9-26-45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or remoyal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Trees & State	Where did injury occur?		
Location Greensboro Maryland	Injured at home, farm, industry, public place (where?)		
(Para di Parali: 1)	Means of Injury Injured at work?		
18. Funeral director Any Monday Additional And Manager	011-1		
Address Telensboro, Mary land	23. SIGNATURE (July 1967)		
1 8 11 75 WE X 19 19 :	M. D. or other		
(Date reg d by registrar)	*Address Address Address Date signed 9-2-4-45		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

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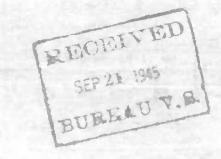
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					3
	Reg.	Dist.	No.	60	2

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Carolina City or town (If ontside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Willie E. Gruwell	3. (b) Social Security Number
4. Sex Tende Series S. Color or race G.(a) Single, married, widowed, or divorced Widowed Widow	Due to
19. Lyck 18 1845 C. W. Plummer (Datyfee'd by registrar) Registrar	M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



A15 SA

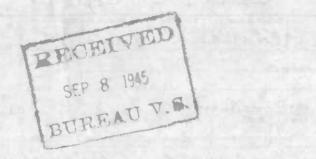
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

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made.	
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Marisland County aroline
City or town (If outside city or towo limits, write RURAL and give nearest town)	1 4 1 1 1 1 1
How long In above place of death?	(if obtaide city or town limits, write RURAL and pure ocarest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Baby Loy Forter	3. (b) Social Security Number
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male colored insant	Sentan level 45 1200
	20. DATE OF DEATH. Deptember 6 19 45 et 1:30 A. M
B.(b) Name of husband or wife.	21. I CEXTIFY that death occurred on the date above stated; that I guended deceased from
	Jeff 3 175 10 Veft 6 1945
7. Birth date of deceased (mo., day, yr.) Seatember 3. 1945	and that I fast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
1	Thulan freeze freeze
1 & 1hrsmin.	
9. Birthplace Doldstono Caryland	Due to
(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name John Complies Hoytes 13. Birtholace Doldson MA.	Dther conditions
I 13. Birthplace Soldsloro Md.	
14. Maiden name Visfa Wilkerson	(Inclode pregnancy within 3 months of death)
E 14. Maiden name	Major findings of operations
15. Birthplace Dreenslaro Md.	Date of op.
16. Intermant Johns Hoster	Autopsy results
Address Greenshow Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof. (bonth) (day) (year)	Accident, eulcide, or homicide
Cemetery or crematory. Usion	Where did lojury occur?
Location near Goldsfore ma.	Injured at home, farm, Industry, public place (where?)
(2) 17/10-15-15-11)	Means of Injury Injured at work?
18. Funeral director	+ On XXXII
Address Greater Miller	23 SIGNATURE Thank A The Successful to 1)
19 Lest, 6 1945 & martinger	M. D. or other
(Date rec'd by registrar)	Address Allendoro Date signed 9/6/45



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

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	Nog. Diat. (10
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Carolina	State Maryland County Caroline
(If outside city or fown limits, write RURAL and give nearest town)	(P. January
How long in above place of death? 5 2 4 4	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war / Lone
3. (a) FULL NAME	3. (b) Social Security Number
Ernest William Jones	214-03-6114
4. Sex 5. Color or race 6.(a) Single, martied, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Deptember 14 19 45, 21 7:25 PM
6,(b) Hame of husband or wife Thaomi Jones	21. I CERTIFY that death occurred on the date above stated; that atlended deceased from
6.(c) It alive, give age 54 years	Chiquest 19 18.37, 10 Nefstember 14 18 45
7. Right date of	and that I last saw h. m. alive on Leptember 14 19 45
deceased (mo., day, yr.) / larew 4, 1880	Immediate cause of death
8. AGE: Years Months Days It less than one day	
65 6 10hrsmin.	Corpus Assesse 5 danst
8. Birthpiace Ventor Caroline Co, Marylan	Usue to.
(lown, county, and state)	
10. Usual occupation	Que to texterior elession years
11. Industry or business Creamery	
置 12. Name Wm. Jon As	Other conditions
12. Name Um.	
	(Include pregnancy within 8 months of death)
14. Malden name annie Porter 15. Birthplace	Major findings of operations.
El 15. Birthplace Ma.	Date of op
16. Informant Wesver James	Autopsy results.
Address Ridaely WI	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. (Burial, cremation, or removal. Wijch?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Reliand	Where did Injury occur?
Connectery of Cremitators	
Location Location 1710	Injured at home, 1arm, Industry, public place (where?)
18. Funeral director Tay Arma S. Cawlengo	Means of Injury Injured at work?
Address Shew tuo Tred.	(XX Jul. 2 Mil).
1	23. SIGNATURE M. D. or other
19. Sept. 7 19.4.5 A Cara Registrar	Address Midgely Mild Rose stand 9-16-45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-6



CERTIFICATE OF DEATH

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Dan	UC	0	6%	,
no.	D:-	22.	1	6

<u> </u>	Reg. Diat. No. 6
1. PLACE OF DEATH: Cardine	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	City or town (1f outside city or town limit) write (CRAL and give nearest town)
Row long in above place of death?	(If outside city or town limits write EURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Laura Virginia marrel	3. (b) Social Security Number
4. Sex 5. Color or race 6. Color of race White Widowed, or divorced Undowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19 45 at 4:30 A M
6.(b) Name of husband or wife! Wm. havel	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
7. Birth date of deceased (mo., day, yr.) May 1-1871	and that I last saw h
8. AGE: Years Months Days If less than one day H 3hrsmin.	Immediate cause of death DURATION /6 www.
9. Birthplace (Town, county, and state)	Due to
10, Osual Occupation	Due to.
11. Industry or business 12. Name	Other conditions
14. Maiden name many oncell 15. Birthplage	(Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations.
16. Informant mo. Carlie marrel	Autopsy results.
Address Ridgely Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal. Which?) Date thereof Sept. 17-1945. (mbriti) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Alenton	Where did injury occur?
16. Funeral director. Cagan A. Lane	Means of Injury Injured et work?
Address Church Hell Ma.	23. SIGNATURE & Paul huotts www
19 Seff 2 18 45	(1) Outer (red M. D. or other /4)

HELDER OF TRESTRACED STATE BEALTHER.

LIVAZO TO STATE OVETTERA



Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH father's name is shown on 2411 N. Charles St., Baltimore correct CERTIFICATE OF DEATH 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) ormation carefully death clearly and (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) information How long in hospital or institution?..... 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION FOR BINDING item of Settember 10 1045 44:0 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife 6.(c) If alive, give age K. Supply ever 7. Birth date of deceased (mo., day, yr.) DURATION MARGIN RESERVED 8. AGE: If less than one day moturity ADING INK. (Town, county, and state) 1D. Usual occupation..... 11. Industry or business 12. Name..... 13. Birthplace important 14. Malden nar 15. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... PLAINLY, is especially especially 16. Interment. PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Where did injury occur?(City or town) WRITE Cemelery or cremators (County) tnjured at home, tarm, industry, public place (where?) Means of Injury 18. Funeral director.... PLEASE VS A15 Address 23. SIGNATURE M. D. or other entin (Date rec'd by registrar)



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

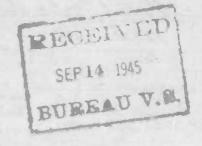


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CERTIFICATE OF DEATH

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1	Reg.	Dist.	No.	6	1 .	2	12000

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	City or town
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
ancie feal To	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to M. Widnes	20. DATE OF DEATH Seftender 6 19 45 at 11:10 AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from
	and that if iast saw h l alive on A A C 1945
7. Birth date of deceased (mo., day, yr.) Zucaer 212 /873	
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 3 15hrsmin.	aranuma ours
9. Birthpiace Quaryland	Que to.
(Town, county, and state)	
10. Usual occupation.	Oue to
11. Industry or business	
12. Name	Other conditions
X 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. Sell.	1/
14. Maiden name Sell. 15. Birthplace Sugaryland	Major fiadioga of operations.
≥ 15. Birthpiace	Date of op. March 1943
18. Informant HUR Stallar Head	Autopay results.
Address Deulan Sud.	PHYSICIAN: Please uoderline the cause to which death shootd he charged statistically.
A . A . O . O . V . S	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remand, Which?) Oate thereof (month) (dee) (year)	Accident, suicide, or homicide,
Cemetery or crematory Garend Europe	Where did injury occur?
Sample of Clematory of Clemator	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. Zueril Summer San	Meens of Injury Injured at work?
Address / Declar " July.	23. SIGNATURE DU aul Knotts WW
" lest 8 "45 mm A O Gentel	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 1/8/40



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	7	PI.AINI.V
		WRITE
A WITT	(PLEASE

Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTH year of birth of deceased is shown 2411 N. Charles St., Baltimore (B) CERTIFICATE OF DEATH FILM No. G 98 Reg. Diat. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED> (For newborn infants give residence of mother), City or town.... (If butalde city or town limits, write RURAL and give uearest town) How long to above place of death?.... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: Years (Town, county, and state) J'arunel 10. Usual occupation... 11. Industry or business 12. Name...... 13. Birthplace important. (Include pregnancy within 8 months of death) 14. Maiden nar 15. Birthplace Major fiediogs of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, suicide, or homicide..... (Eurlal, cremation, or removal Which?) (month) (day) (year) Where did injury occur?(Cit) or town) (County) Injured at home, farm, Industry, public place (where?) Means of injury injured at work? Test M. D. on the Address Registrar Date signed ... (Date rec'd by registrar)

